

<b>Index of Claims</b>			Application/Control No.	Applicant(s)/Patent under Reexamination									
			10/656,503	DESSAUER, ROLF									
			Examiner	Art Unit									
			Martin J. Angebranndt	1758									
<table border="1"> <tr> <td><input checked="" type="checkbox"/> <b>Rejected</b></td> <td><input type="checkbox"/> <b>(Through numeral) Cancelled</b></td> <td><input type="checkbox"/> <b>Non-Elected</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> <b>Allowed</b></td> <td><input type="checkbox"/> <b>Restricted</b></td> <td><input type="checkbox"/> <b>Appeal</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> <b>Objected</b></td> <td></td> <td><input type="checkbox"/> <b>Interference</b></td> </tr> </table>			<input checked="" type="checkbox"/> <b>Rejected</b>	<input type="checkbox"/> <b>(Through numeral) Cancelled</b>	<input type="checkbox"/> <b>Non-Elected</b>	<input checked="" type="checkbox"/> <b>Allowed</b>	<input type="checkbox"/> <b>Restricted</b>	<input type="checkbox"/> <b>Appeal</b>	<input checked="" type="checkbox"/> <b>Objected</b>		<input type="checkbox"/> <b>Interference</b>		
<input checked="" type="checkbox"/> <b>Rejected</b>	<input type="checkbox"/> <b>(Through numeral) Cancelled</b>	<input type="checkbox"/> <b>Non-Elected</b>											
<input checked="" type="checkbox"/> <b>Allowed</b>	<input type="checkbox"/> <b>Restricted</b>	<input type="checkbox"/> <b>Appeal</b>											
<input checked="" type="checkbox"/> <b>Objected</b>		<input type="checkbox"/> <b>Interference</b>											
<b>Claim</b>			<b>Claim</b>		<b>Claim</b>								
Final	Original	Date	Final	Original	Date	Final	Original	Date					
1			51			101							
2			52			102							
3			53			103							
4			54			104							
5			55			105							
6			56			106							
7			57			107							
8			58			108							
9			59			109							
10			60			110							
11			61			111							
12			62			112							
13			63			113							
14			64			114							
15			65			115							
16			66			116							
17			67			117							
18			68			118							
19			69			119							
20			70			120							
21			71			121							
22			72			122							
23			73			123							
24			74			124							
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75			125							
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76			126							
27			77			127							
28			78			128							
29			79			129							
30			80			130							
31			81			131							
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82			132							
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83			133							
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	84			134							
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85			135							
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	86			136							
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	87			137							
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	88			138							
39			89			139							
40			90			140							
41		<input checked="" type="checkbox"/>	91			141							
42			92			142							
43			93			143							
44			94			144							
45			95			145							
46			96			146							
47			97			147							
48			98			148							
49			99			149							
50			100			150							